
State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Filing at a Glance

Company:	The Savings Bank Life Insurance Company of Massachusetts
Product Name:	Children's Insurance Rider
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	07/20/2012
SERFF Tr Num:	SBMS-128588876
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	zSERFFStaff zIndustrySupportCM, Jim Coady, Cindy Milne, Grant Ward, Dan LeBlanc, Christopher Wilkie
Reviewer(s):	Linda Bird (primary)
Disposition Date:	07/27/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 07/19/2012
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/27/2012
	State Status Changed: 07/27/2012
Deemer Date:	Created By: Jim Coady
Submitted By: Jim Coady	Corresponding Filing Tracking Number:

Filing Description:

Children's Level Term Insurance Rider
Form ICC11/BC-40

Children's Life Insurance Rider Application
Form ICC12/AC-41AR

We are filing the above referenced forms for your approval.

These forms are new and not intended to replace existing forms. They are laser printed, subject only to minor variations in color, fonts, duplexing and positioning. The forms will be effective on the date of approval. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards.

This Rider provides term life insurance to age 25 for each Insured Child, as defined in the Rider, or to the Primary Insured's Age 65, if sooner. The minimum Rider amount is \$5,000 and the maximum Rider amount is \$10,000. Premiums for this rider are a flat rate per \$1,000 unit of insurance, regardless of the number of Insured Children.

The Rider coverage on an Insured Child is convertible without evidence of insurability to a permanent life policy at any time. However, if conversion is requested upon the expiry of coverage for an Insured Child or the expiry of the Rider, the amount of insurance available for conversion is five times the amount of term insurance provided for the Insured Child under the Rider.

The Rider may be attached to any premium paying new policy at issue. We may also offer it to owners of previously issued policies. (Any such offers, if made, will be completed in a uniform, non-discriminatory manner to all eligible policy owners within selected categories (such as a range of issue dates).

Issuance of the Rider will be subject to limited underwriting. The policy owner may request the inclusion of the rider at the time of application by selection of the rider in the appropriate space on the Primary Insured's application and completing the Children's Life Insurance Rider Application (ICC12/AC-41 AR , included herein). Upon written notice to us of additional eligible children, as defined in the Rider (also as provided on the above mentioned application form) such additional children will become Insured Children with no increase in premium. Policy Owners may also request the Rider be added to in-force policies by similarly submitting the Rider application form.

There is no variable information included in the Rider or Application form.

The inclusion of the Rider in a new or In-force policy will result in the inclusion of the Rider identification, the Amount of Insurance provided for each Insured Child, and the level premium charged for the Rider in the Policy Specifications

State: Arkansas **Filing Company:** The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Children's Insurance Rider

Project Name/Number: /

The rider may be attached to policy forms, previously approved by your department and additional policy forms as may be subsequently approved.

This product will be marketed in all licensed states. The product will be sold via our licensed agents in the SBLI Woburn, MA, home office and other appropriately licensed agents.

We appreciate receiving your approval of this new form at your earliest convenience. If you have any questions regarding this submission, please contact us.

Company and Contact

Filing Contact Information

James Coady, Jcoady@SBLI.com
1 Linscott Road 781-994-5410 [Phone]
Woburn, MA 01801 781-994-4124 [FAX]

Filing Company Information

The Savings Bank Life Insurance Company of Massachusetts	CoCode: 70435	State of Domicile:
1 Linscott Road	Group Code: 4553	Massachusetts
Woburn, MA 01801	Group Name:	Company Type: Life
(781) 938-3500 ext. [Phone]	FEIN Number: 04-3117253	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	Domicile state (MA) fee = \$75.00 per primary form
Per Company:	No

Company	Amount	Date Processed	Transaction #
The Savings Bank Life Insurance Company of Massachusetts	\$75.00	07/20/2012	61063961
The Savings Bank Life Insurance Company of Massachusetts	\$25.00	07/23/2012	61100794

SERFF Tracking #:	SBMS-128588876	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/27/2012	07/27/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/23/2012	07/23/2012

Response Letters

Responded By	Created On	Date Submitted
Jim Coady	07/23/2012	07/23/2012

SERFF Tracking #:	SBMS-128588876	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Disposition

Disposition Date: 07/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial memorandum		No
Supporting Document	Owner Disclosure		Yes
Supporting Document	Guaranty Association Disclosure		Yes
Supporting Document	Certification of Compliance - Regulation 19		Yes
Form	Children's Level Term Insurance Rider		Yes
Form	Children's Life Insurance Rider Application		Yes

State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2012
Submitted Date	07/23/2012
Respond By Date	08/23/2012

Dear James Coady,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2012
Submitted Date	07/23/2012

Dear Linda Bird,

Introduction:

Thank you for your quick attention to this submission

Response 1

Comments:

The additional fee has been submitted as requested.

Related Objection 1

Comments:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I regret the error and ask that you contact me if there is any need for additional information or materials.

Sincerely,

Jim Coady

SERFF Tracking #:

SBMS-128588876

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Children's Insurance Rider

Project Name/Number:

/

Form Schedule

Lead Form Number: ICC12 BC-40

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ICC12/BC-40	POLA	Children's Level Term Insurance Rider	Initial:	50.500	ICC12 BC-40 6-4-2012.pdf
2		ICC12/AC-41AR	AEF	Children's Life Insurance Rider Application	Initial:	50.100	ICC12 AC-41AR (07-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS

CHILDREN'S LEVEL TERM INSURANCE RIDER Insurance Benefit on the Life of Each Insured Child to age 25 Convertible to Whole Life

**PLEASE READ THIS RIDER CAREFULLY
PROVISIONS MAY DIFFER FROM THOSE IN THE POLICY**

INSURANCE BENEFIT

While this Rider is in force, this Rider provides level term insurance on the life of each Insured Child. We agree to pay the amount of insurance, subject to the provisions of this Rider, in a single sum to the Beneficiary when we receive due proof that an Insured Child died.

The amount of insurance for each Insured Child and the premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider are due and payable on the same dates and frequency as for the Policy.

This Rider is attached to and made part of the Policy as of the Policy Effective Date, unless a later date is shown in the Policy Specifications. It is issued in consideration of the written request from the Policy Owner and payment of the required premium. The provisions of this Rider apply in lieu of any Policy provisions to the contrary. This Rider has no cash value or loan value. This Rider pays no dividends. The benefits of this Rider do not affect the nonforfeiture values of the Policy.

Conversion Period: The coverage on an Insured Child may be converted at any time prior to the Termination of Coverage. Refer to the Conversion Option for additional information.

DEFINITIONS

Age of Insured Child

Under this Rider, the age of an Insured Child is the child's age nearest birthday as of the Policy Issue Date or anniversary.

Beneficiary

During the Primary Insured's lifetime, the Beneficiary under this Rider shall be the Primary Insured unless specified otherwise in the Policy Application or changed as provided in the Policy and this Rider.

Insured Child

As of the Rider Effective Date, an Insured Child:

- (a) Is an unmarried child, stepchild or legally adopted child of the Primary Insured who is identified in the application for this Rider;
- (b) Is dependent upon the Primary Insured for financial support; and
- (c) Is at least 15 days old and has not reached his or her 23rd birthday.

Any child qualifying as an Insured Child on the date of the application for this Rider but not identified to us in the application may not be added as an Insured Child at a later date.

Coverage expires on an Insured Child on the anniversary when the Insured Child attains age 25 or the Primary Insured attains age 65, if sooner.

Owner

The Owner of this Rider is the same as the Owner of the Policy.

Policy

The Policy is the insurance contract to which this Rider is attached.

Primary Insured

The Primary Insured is the person who is identified as the Insured under the Policy to which this Rider is attached.

GENERAL RIDER PROVISIONS**Insuring Additional Children**

After the Rider Effective Date, the Insurance Benefit provided under the terms of this Rider will apply to additional eligible children provided the following conditions are met:

1. Each additional child meets the definition of Insured Child as provided in this Rider.
2. We must have acknowledged receipt of an application from the Owner, satisfactory to us, identifying each additional child to be insured;

The premium for this Rider does not change when insuring additional children who meet the above conditions.

Incontestability

Except for fraud in the procurement of this Rider, when permitted by applicable law in the state where the policy is delivered for issue, this Rider will not be contested after it has been in effect during the lifetime of each Insured Child for two years from the effective date of the insurance for that child. The only exception will be if premiums are not paid when due.

Any coverage on an Insured Child added after the Rider Effective Date or any reinstatement shall not be contestable after such addition or reinstatement has been in force during the lifetime of the Insured Child for two years from its effective date.

Misstatement of Age

If the birth date or age of an Insured Child has been misstated, all rights and liabilities with respect to the Insured Child will be in accordance with the correct birthdate or age of the Insured Child.

Suicide***Suicide of the Primary Insured***

If the Primary Insured commits suicide, while sane or insane, during the first two years from the Rider Effective Date, the Rider will terminate. Our liability under this Rider will be limited to the return of any premiums received by us for this Rider. This amount will be included in the amount paid under the Policy because of the suicide of the Primary Insured.

Suicide of an Insured Child

If an Insured Child commits suicide, while sane or insane, within two years of the effective date of coverage for that Insured Child, our liability will be limited to one half of the premiums received by us for this Rider during the lifetime of such Insured Child. The Rider will continue with regard to all other Insured Children according to the Rider provisions.

CONVERSION OPTION**Conversion to Individual Policy**

While this Rider is in effect and/or within 31 days of the anniversary date that the Insured Child attains age 25, the term insurance on the Insured Child may be converted to a new whole life plan of insurance then being issued by us, for the then current rates and limits, without evidence of insurability.

The requirements for conversion are:

- (a) This Rider must be in force on the Conversion date;
- (b) The Owner must submit an application to us for the new policy and pay the first premium during the lifetime of the Insured Child and within 31 days after the anniversary date the Insured Child attains age 25; and
- (c) The new policy may be any premium-paying whole life plan of insurance which qualifies under our rules in effect on the Conversion date. It cannot include any riders unless we agree.

Premiums and values for the new policy will be based on:

- (a) A rate class most comparable to the Insured Child's rate class under this Rider;
- (b) Rates in effect on the date of the conversion; and
- (c) The Insured Child's attained age nearest birthday on the date of conversion.

The new policy's issue date will be the same as the Conversion date. If the Conversion date coincides with the anniversary date the Insured Child attains age 25 or the Expiry Date of this Rider, the Insurance Amount of the new policy may not be more than five times the Insurance Amount under this Rider. If the Conversion date is at any other time, the Insurance Amount may not be more than the Insurance Amount under this Rider. In either event it may not be less than the minimum for the new plan selected. The insurance under this Rider on the Insured Child will end. The Incontestability and Suicide provisions of the new policy will run from the Effective Date of the coverage for the Insured Child under this Rider.

Death of Primary Insured: Term Insurance Benefit

Except as provided under the Suicide provision of this Rider, if the Primary Insured should die while this Rider is in force on a premium paying basis, the premiums for this Rider will be waived and any coverage on each Insured Child under this Rider will automatically be changed to non-participating term insurance where the future premiums are waived. This term insurance will automatically terminate on each Insured Child's 25th birthday. Subject to the laws of the state where issued, the Owner of this term policy will be the Insured Child.

This Term Insurance Benefit is not available upon the death of the Primary Insured if benefits are limited in accordance with the Suicide provision of this Rider

WHEN COVERAGE BEGINS AND ENDS

Effective Date

The Effective Date of this Rider will be the same as the Policy Date unless a later Rider Effective Date is shown on the Policy Specifications.

Expiry Date

The Expiry Date of this Rider is the Policy Anniversary when the Primary Insured attains age 65 regardless of the age of any Insured Child.

Termination of Coverage for an individual Insured Child

Benefits provided under this Rider for any specific individual Insured Child will terminate on the earliest of any of the following dates:

- (a) Any date as indicated under "Termination of This Rider"
- (b) The anniversary date the individual Insured Child attains age 25
- (c) The date the individual Insured Child's insurance under this Rider is converted in accordance with the Conversion Option.
- (d) The date of death of the individual Insured Child

Termination of This Rider

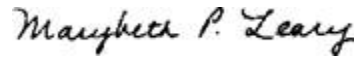
This Rider and all benefits provided hereunder will terminate on the earliest of any of the following dates:

- (a) The Expiry Date
- (b) The date the Policy becomes paid-up, expires, matures or otherwise terminates.
- (c) The date the Owner requests termination of this Rider in writing.
- (d) The date of death of the last surviving Insured Child
- (e) The date a Nonforfeiture Option under the Policy, if any, becomes effective
- (f) The date this Rider or the Policy to which it is attached lapses for failure to pay a premium according to the Grace Period of the Policy.
- (g) The date on which all Insured Children no longer qualify as Insured Children as defined in this Rider.

Reinstatement

If this Rider is terminated under item (e) or (f) of Termination of This Rider, this Rider will be reinstated if the Policy to which it is attached is reinstated.

This Rider will not be reinstated under any other circumstances. This Rider will not be reinstated if the date of Reinstatement would be on or after the Policy Anniversary when the Primary Insured attains age 65. It will not be reinstated with regard to insurance on any Insured Child who has attained age 25.

A handwritten signature in cursive script that reads "Marybeth P. Leary".

Marybeth P. Leary
Secretary

The Savings Bank Life Insurance Company of Massachusetts
P.O. Box 4048, Woburn, MA 01888
Telephone (800) 694-7254 www.sbli.com

SECTION 1: Primary Insured and Policy Information.

1. Full Name of Primary Insured (Parent) – Please Print	2. Application for new insurance dated: <u>OR</u> Existing Policy Number - Rider Amount (mm/dd/yyyy) _____ <u>OR</u> # _____, \$ _____
---	---

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.

INSTRUCTIONS - Complete Section 2. Sign the form as indicated.

(A.) IF YOU ARE: (1) SUBMITTING AN APPLICATION FOR NEW INSURANCE AND HAVE REQUESTED A CHILDREN'S INSURANCE RIDER; OR (2) REQUESTING THE ADDITION OF SUCH RIDER TO A PREVIOUSLY ISSUED POLICY:

Complete all questions for all children of the Insured who are:

- Children, step children or legally adopted children of the Primary Insured.
- At least 15 days old.
- Not yet reached his or her 23rd birthday.
- Not married.
- Dependent on the Primary Insured for financial support.

If any currently eligible child is not identified in this application such child may not be added at a later date.

(B.) IF YOU ARE NOTIFYING SBLI OF AN ADDITIONAL CHILD (CHILDREN) TO BE INCLUDED ON AN ISSUED AND IN-FORCE CHILDREN'S INSURANCE RIDER:

Provide only the full name(s) Date(s) of birth and Gender(s) for such children.

SECTION 2: Children to be insured. Complete the following for each child to be insured. Attach a separate sheet if more space is needed.

Name of each child to be insured (Please print)				Date of Birth	Male or	Height	Weight	Grade in
First Name	M. I.	Last Name	Suffix	Month/Day/Year	Female	(Ft. and In.)	(Lbs.)	School

- Has any child named above ever received treatment for, or sought or received medical advice for: a tumor or cancer; Diabetes; Heart Disease; Mental impairment; Epilepsy; a Brain or Nervous System disorder; Stomach or Intestinal problems; or any Congenital disorder or limitations of normal impairment or Activities, from a member of the medical profession? ☐ Yes ☐ No
- In the past two years, has any child named above been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)? ☐ Yes ☐ No
- Has any child named above ever been diagnosed as having, or been treated as having, Acquired Immune Deficiency (AIDS) or AIDS related Complex (ARC), or tested for antibodies to the AIDS Virus, by a member of the medical profession? ☐ Yes ☐ No

If any question is answered "Yes", provide: (a) the question number; (b) the child's name; and (c) details. Include: the diagnosis, duration, and name and address of all medical professionals and facilities consulted.

CHILDREN'S LIFE INSURANCE RIDER APPLICATION – CONTINUED

Full Name of Primary Insured (Parent) – Please Print	Application for new insurance dated: <u>OR</u> Existing Policy Number - Rider Amount (mm/dd/yyyy) _____ <u>OR</u> # _____, \$ _____
--	--

Please read carefully and sign below:

- I certify that each child named above is: (a) a child, stepchild or legally adopted child of the Primary Insured; (b) not married; and (c) dependent on the Primary Insured for financial support.
- I acknowledge that if premium payments cease on the base policy for any reason (other than under benefits payable through any Waiver of Premium Benefit Rider that may be attached thereto) all insurance provided under the Rider will end.
- I acknowledge that I am responsible for notifying SBLI about the addition of any children under the rider.
- I acknowledge that, unless the Rider otherwise terminates for any reason, it will continue on a premium paying basis to the Primary Insured's age 65.
- I further acknowledge that I may cancel the Rider at any time by submitting a written request to SBLI.

To the best of my knowledge and belief, I hereby represent that the above answers and statements are complete, correct and true. I agree that SBLI, believing them to be complete, correct and true, shall rely and act on them. I agree that they shall be a part of my application for insurance.

WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Primary Insured	Date	Signature of Owner (if not Primary Insured)	Date
Signature of Producer	Date	Producer Name Printed	Producer #

AUTHORIZATION TO OBTAIN INFORMATION

I/we, the Proposed Life Insured(s), authorize:

1. SBLI to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional; medical care provider; hospital; clinic; laboratory; pharmacy or pharmacy benefit manager; insurance company; the MIB, Inc.; or any other similar person or organization to give SBLI and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by SBLI may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give SBLI and its reinsurers financial/net worth information about me/us.

I/we authorize SBLI to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through SBLI on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative Consumer Reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original. Information collected under this authorization will be used by SBLI to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/we are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

Signature(s): A parent or legal Guardian must sign for any proposed Insured Child who has not attained his or her 18th birthday.

Date: _____ Signature of Parent or Legal Guardian (Primary Insured): _____

All Proposed Insured Children age 18 and over must sign:

<u>Insured Child Name (Printed)</u>	<u>Date of Birth</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERFF Tracking #:	SBMS-128588876	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Flesch Certification is attached.		
Attachment(s):			
CR CERTIFICATION - FLESCH.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The application to be used to obtain the Child's Insurance Rider is included for approval under this filing.		

		Item Status:	Status Date:
Satisfied - Item:	Owner Disclosure		
Comments:	Form AR-376, which satisfies Ark Code Ann. 23-79-138, is attached.		
	This form is attached to all policies which we issue within Arkansas, including any that may include the Rider form submitted herein.		
Attachment(s):			
AR-376.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Guaranty Association Disclosure		
Comments:	Form N-44AR, which satisfiies the requirements of Regulation 49 is attached. This form is attached to all policies which we issue within Arkansas, including any that may include the Rider form submitted herein.		
Attachment(s):			
N-44AR (01 2009).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance - Regulation 19		
Comments:	Certification of Compliance - Regulation 19 is attached.		

SERFF Tracking #:	SBMS-128588876	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Children's Insurance Rider		
Project Name/Number:	/		

Attachment(s):

AR - Regulation 19 Certification.pdf

THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS
CERTIFICATION – FLESCH/READABILITY

Rider/Application Forms submitted:

<u>Form #</u>	<u>Title</u>	<u>FLESCH Score</u>
ICC12/BC-40	Children's Level Term Insurance Rider	50.5
ICC12/AC-41	Children's Life Insurance Rider Application	50.1

I hereby certify that in my judgment the above captioned forms, submitted for approval under the attached filing, meet the objective standards of readability/Flesch scores.

By: James T. Coady 7/26/2012
James T. Coady Date
Compliance Dept.



The Savings Bank Life Insurance
Company of Massachusetts
One Linscott Road, Woburn MA 01801
Telephone (800) 694-7254 ~ www.sbli.com

-OWNER DISCLOSURE-

For more information about your life insurance policy or annuity contract please contact:

SBLI Customer Service
1 Linscott Road
Woburn MA 01801
1-800-694-SBLI (7254)
<http://www.sbli.com>

or contact:

Producer Name:
Producer Telephone Number:
Producer Address:

If we at The Savings Bank Life Insurance Company of Massachusetts were unable to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201
(501) 371-2640 or (800) 852-5494

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 — no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS

CERTIFICATION of COMPLIANCE

Rider/Application Forms submitted:

<u>Form #</u>	<u>Title</u>
ICC12/BC-40	Children's Level Term Insurance Rider
ICC12/AC-41AR	Children's Life Insurance Rider Application

I hereby certify that in my judgment the above captioned forms, submitted for approval under the attached filing, meet the objective standards of Arkansas Rule and Regulation 19

James T. Coady, AVP
Compliance Dept.
SBLI of MA

July 20, 2012